

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90033 022 ***150.00

DOCUMENT # P06000052400

1. Entity Name
QOL CAPITAL CORPORATION



Principal Place of Business
3200 NORTH OCEAN BLVD
#1108
FORT LAUDERDALE, FL 33308

Mailing Address
3200 NORTH OCEAN BLVD
#1108
FORT LAUDERDALE, FL 33308

2. Principal Place of Business - No P.O. Box #
4241 W. Tradewinds Ave.

3. Mailing Address
3101 N. Federal Hwy.
Suite, Apt. #, etc.
Suite 800

City & State
Fort Lauderdale, FL
Zip
33308

City & State
Fort Lauderdale, FL
Zip
33306



07202007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1384591

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FANIZZI, CHRISTINE
3200 NORTH OCEAN BLVD
#1108
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name
Fanizzi, Christine
Street Address (P.O. Box Number is Not Acceptable)
4241 W. Tradewinds Ave.
City
Fort Lauderdale, FL Zip Code
33308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Christine Fanizzi*

8-21-07

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FANIZZI, CHRISTINE
3200 NORTH OCEAN BLVD, #1108
FORT LAUDERDALE, FL 33308 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4241 W. Tradewinds Ave.
Fort Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Christine Fanizzi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Fanizzi

8-21-07

Date

Daytime Phone #

954-444-7370